Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |  |   |                         |                         |                               |                  |            | SMALL ENTITY TYPE |                        | OTHER THAN<br>OR SMALL ENTITY |            |                        |
|--|--|---|-------------------------|-------------------------|-------------------------------|------------------|------------|-------------------|------------------------|-------------------------------|------------|------------------------|
| то   | TAL CLAIMS   |   |                         |                         | h                             |                  | 1          | RATE              | FEE                    |                               | RATE       | FEE                    |
| FO   | R  |   | NUMBER FILED            |                         | NUMBER EXTRA                  |                  |            | BASIC FEE         | 370.00                 | OR                            | BASIC FEE  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 26 minus 20=            |                         | * 6                           |                  |            | X\$ 9=            | 54                     | OR                            | X\$18≐     | *                      |
| INDEPENDENT CLAIMS   |  |   | / minus 3 =             |                         | * 6                           |                  |            | X42=              | 212                    | OR                            | X84=       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                       |  |   |                         |                         |                               |                  |            | 140-              | 0                      |                               | +280=      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column |  |   |                         |                         |                               | olumn 2          |            | +140=             | 176                    | OR                            | TOTAL      |                        |
| . "  | CLAIMS AS AMENDED - PART II  |   |                         |                         |                               |                  |            | TOTAL             | 410                    | OR                            | OTHER      | THAN                   |
|  | (Column 1) (Column 2) (Column 3)   |   |                         |                         |                               |                  |            | SMALL             | ENTITY                 | OR                            | SMALL      |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                         | NUM<br>PREVI            | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                   | **                      |                               | =                |            | X\$ 9=            |                        | OR                            | X\$18=     |                        |
|  | Independent  | *   | Minus                   | ***                     |                               | . =              |            | X42=              |                        | OR                            | X84=       |                        |
| _  | FIRST PRESE  | M TC NOITATN                                    | JLTIPLE DEPENDENT CLAIM |                         |                               |                  |            | +140=             | 1170                   | OR                            | +280=      | V -                    |
|  | •  |   |                         |                         |                               |                  |            | TOTAL             |                        | OR                            | TOTAL      |                        |
|  |  | (0-1 4)   |                         | ADDIT. FEE              |                               |                  | ADDIT. FEE | W on              |                        |                               |            |                        |
| AMENDMENT B  | The state of the s | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                         | HIG<br>NUI<br>PREV      | JMN 2) HEST MBER HOUSLY D FOR | PRESENT EXTRA    |            | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                   | **                      |                               | =                |            | X\$ 9=            |                        | OR                            | X\$18=     |                        |
|  | Independent  | *   | Minus                   | ***                     |                               | =                |            | X42=              |                        | OR                            | X84=       | 1                      |
| Ľ  | FIRST PRESE  | NTATION OF M                                    | IULTIPLE DEF            | JLTIPLE DEPENDENT CLAIM |                               |                  | 1          | +140=             |                        | OR                            |            |                        |
|  |  |   |                         |                         |                               |                  |            | TOTAL             |                        | OR                            | TOTAL      |                        |
|  |  |   |                         |                         |                               |                  |            | ADDIT. FEE        |                        | JOH                           | ADDIT. FEI |                        |
| _  | A Service of Services  | (Column 1)                                      |                         |                         | umn 2)<br>SHEST               | (Column 3)       | 1          |                   | LADDI                  | ì                             | 3          | I ADDI                 |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT                 | 4                       | NU<br>PRE\              | MBER<br>/IOUSLY<br>D FOR      | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                   | **                      |                               | =                |            | X\$ 9=            |                        | OR                            | X\$18=     |                        |
| ME   | Independent  | *   | Minus                   | ***                     |                               | =                |            | X42=              | *                      | OR                            | X84=       |                        |
| L  | FIRST PRESE  | MULTIPLE DEPENDEN                               |                         | NT CLAIM                |                               | J                | 140-       |                   | 1                      |                               |            |                        |
|  | If the entry in colu   | ımn 1 is less than                              | the entry in colu       | ımn 2, w                | rite "0" in co                | olumn 3.         |            | +140=<br>TOTAL    |                        | OR                            | TOTA       | L L                    |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |                         |                         |                               |                  |            |                   |                        |                               |            |                        |